Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0590203	GROTON BOARD OF EDUCATION				NTNC	50	L	GW
Local Address (v	where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
1300 FLANDERS	ROAD	Connections	1					

Towns Served: GROTON			·
Monitoring I	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/14 - 12/31/22		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/22	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		Complete
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/16 - 12/31/18		Complete
	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Schedule Generation Date: 4/11/2019

# Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0590203	GROTON BOARD OF EDUCATION				NTNC	50	L	GW
Local Address (v	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
1300 FLANDERS	ROAD	Connections	1					

Towns Served: GROTON

Monitoring Requirements									
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Organic Chemicals (VOCS)		1 rc	outine (RT) per year						
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>						
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete						
	1/1/19 - 12/31/19								
	1/1/20 - 12/31/20								

# Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date CROSS CONNECTION EXEMPTION 3/1/2013 SUBMIT LEAD CONSUMER NOTICE CERTIFICATE 12/29/2013

	V	Vater System Facili	ty and Sampling P	oint Ir	vento	Ϋ́			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	Stage WQP 2 DBP	
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	А	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		GBE1	SINK ROOM 3	1	Υ	2			
		GBE10	MEN'S ROOM - 15	Α	Υ	N			
		GBE11	LADIES ROOM - 15	Α		N			
		GBE2	SINK ROOM 3	1	Υ	2			
		GBE3	SINK - KITCHEN	Α	Υ	N			
		GBE4	FOUNTAIN HALL WEST	1	Υ	2			
		GBE5	SINK ROOM 13	1	Υ	2			
		GBE6	MEN'S ROOM - 16	Α	Υ	N			
		GBE7	LADIES ROOM - 2	Α	Υ	N			
		GBE8	ROOM 11	Α	Υ	N			
		GBE9	MEN'S ROOM - 2	Α	Υ	N			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10276	WELL	2	WELL	Α					
49258	PRESSURE TANK 1					<u> </u>			
49260	PRESSURE TANK 2								
49262	PRESSURE TANK 3								

Certified Oper	rator Information	
BUTION SYSTEM (WSF ID: 006	00)	
ER SYSTEM		Certification
Operator Type	Certification(s)	Expiration
CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS II	6/30/2021
	WATER TREATMENT PLANT OPERATOR - CLASS II	6/30/2021
	BUTION SYSTEM (WSF ID: 006 TER SYSTEM Operator Type	Operator Type         Certification(s)           CHIEF OPERATOR         DISTRIBUTION SYSTEM OPERATOR - CLASS II

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	dominectical Department of Labric Health Dimining Water Decision										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary So							ary Source			
CT0590203	GROTON BOARD OF EDUCATION				NTNC	50	L		GW		
Local Address	Service	Residen	itial	Commerci	al Industri	al Combin	ed A	gricultural			
1300 FLANDERS ROAD Connections 1											

Connecticut Department of Public Health Drinking Water Section

1500 I E III DENS NO	710					-						
Towns Served: GRO	TON											
			Cer	tified	l Operat	or Information	1					
Water System Fac	cility: DISTR	IBUTION SY	STEM	(WSF	ID: 00600)							
Facility Classification	on: SMALL WA	ATER SYSTEM								Certification		
Operator Name			Opera	itor Ty	pe	Certification(s)				Expiration		
HUNT, JEFFREY J.			ASSIGNED OPERATO			WATER TREATMEN	- CLASS IV	12/31/2021				
BURDICK, SAMUEL			ASSIGNED OPER		ERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I				9/30/2021		
						DISTRIBUTION SYSTEM OPERATOR - CLASS I				3/31/2021		
				Co	ntact Inf	ormation						
Name				C	 Organization				Job Title			
Dr. Michael Graner	•			1	Town of Led	yard Bd of Ed		Superinten	dent			
Mailing Address Lin	e One		Mailing Address Lir		Mailing Address		Address Line Two			City	State	Zip Code
1300 Flanders Road	1		P.O. Bo	хК			Groton CT			06340		
Business Phone	Extension	Fax		Mok	oile Phone	Emergency Phone	Email Ad	ldress				
860-572-2115		860-572-5	822			860-334-6351	mgranei	@groton.k1	2.ct.us			
Contact Role(s): A	dministrative	Contact, Leg	al Conta	act								

### Contact Role(s): Administrative Contact, Legal Contact

### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0590253	COMCAST CABLEVISION				NTNC	35	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
401 GOLDSTAR	HWY.	Connections	1					

Towns Served: GROTON			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/20	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/16 - 12/31/18		Complete
	1/1/19 - 12/31/21		_
	1/1/22 - 12/31/24		
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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Schedule Generation Date: 4/11/2019

	Connecticut Department of Water Quality Monit				_	•		on	
PWS ID	PWS Name			Cla	ssification	Population	Owner T	ype P	rimary Source
CT0590253	COMCAST CABLEVISION				NTNC	35	Р		GW
Local Address	(where applicable)	Service	Residen	tial	Commerci	al Industr	ial Com	bined	Agricultural
401 GOLDSTA	R HWY.	Connections	1						
Towns Sarvad	· CPOTON	1	1		1	-			1

To this delite at the text							
Monitoring Requirements							
Water System Facility: ENTRY POINT (WSF ID: 00700)							
Organic Chemicals (VOCS)		1 rout	ine (RT) per quarter				
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status				
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete				
	1/1/19 - 3/31/19		Complete				
	4/1/19 - 6/30/19						
	7/1/19 - 9/30/19						

Moi	nthly Water System Facility (	(WSF) Lev	el Monitori	ng Requireme	nts
Water System Facility:	ENTRY POINT (WSFID: 00700)				
Analyte	Monitoring Requirement (Summary T	уре)	<b>Operating Limit</b>		Samples Req/Month
рН	Entry Point pH Monitoring (PHRD)		Minimum: 7 PF	l	4
<b>Start Date: 1/1/2002</b>		Compliance	History:	Operating Limit	Monitoring
		Monitoring	Period	Compliance Status	: Compliance Status:
		11/1/2018 -	11/30/2018		N
		12/1/2018 -	12/31/2018		N
		1/1/2019 - 1	/31/2019		N
		2/1/2019 - 2	2/28/2019		N
	·	3/1/2019 - 3	3/31/2019		
	·	4/1/2019 - 4	1/30/2019	·	·

Other Compliance Schedules					
Compliance Schedule Activity	Due Date	Achieved Date			
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2018				
CROSS CONNECTION SURVEY REPORT	3/1/2020				

Public Notification Requirements								
	Compliance	e Notice <u>Public Notification</u> <u>PN Certification</u>						
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Nitrate And Nitrite M&R Violation	1/1/17 - 12/31/17	3	3/9/2019		3/19/2019			

	Wa	iter System Facili	ty and Sampling P	oint Ir	ventor	У			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	3	C-1	Α	Υ				
		4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		MW001-1	MENS ROOM #1	Р	Υ	N			
		MW001-2	MENS ROOM #2	Р	Υ	N			
		MW002	LADIES ROOM	Р	Υ	N			
		MW003-1	KITCHEN # 1	Р	Υ	N			
		MW003-2	KITCHEN #2	Р	Υ	N			
		MW005	BREAK ROOM	Р	Υ				

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	Water Quality Moni	itoring and	d Con	npl	iance S	Schedul	e	
PWS ID	WS ID PWS Name				ssification	Population	Owner Type	Primary Source
CT0590253	COMCAST CABLEVISION				NTNC	35	Р	GW
Local Address (where applicable) Service			Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
401 GOLDSTAR	Connections	1						

Connecticut Department of Public Health Drinking Water Section

Towns Served: GROTON

	Water System Facility and Sampling Point Inventory								
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP .	Stage 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10277	WELL	2	WELL	Α					
46386	COMCAST TREATMENT STATION								

Certified	Operator	Information
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Water System Facility:	COMCAST TREATMENT STATION	(WSF ID: 46386)
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Facility Classification: CLASS 1 TREAT	MENT PLANT		Certification
Operator Name	Operator Type	Certification(s)	Expiration
KLOBUKOWSKI, STEVEN J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2020
		WATER TREATMENT PLANT OPERATOR - CLASS IV	6/30/2019

Co	ontact Inf	ormation				
	Organization	1			Job Title	
Ms. Amy Keenan Comcast Cablevision Lease Adm			Lease Admi	ninistrator		
Mailing Address Line One Mailing Add			City		State	Zip Code
		Need		Needham MA		02492
Mo	obile Phone	Emergency Phone	Email Ac	ldress		
		860-213-9012				
·						
	Mailing Addr	Organization Comcast Cab Mailing Address Line Two	Mailing Address Line Two  Mobile Phone Emergency Phone	Organization Comcast Cablevision  Mailing Address Line Two  Needhar  Mobile Phone Emergency Phone Email Ac	Organization Comcast Cablevision Lease Admi Mailing Address Line Two City Needham Mobile Phone Emergency Phone Email Address	Organization Comcast Cablevision  Mailing Address Line Two  Mobile Phone Emergency Phone  Organization Lease Administrator City State Needham MA  Mobile Phone Emergency Phone Email Address

Name Orga				Organization		Job Title			
Mr. William Johnson				Comcast Cab	levision	Facilities Manager			
Mailing Address Line	One		Mailing Add	dress Line Two			City	State	Zip Code
854 Farmington Aven	ue, Suite 24					West Ha	rtford	СТ	06119
Business Phone	Extension	Fax	N	1obile Phone	Emergency Phone	Email Ad	dress		
860-505-3590		860-519-2	1639		860-213-9012	william_j	ohnson3@comc	ast.net	

Contact Role(s): Administrative Contact

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0590154	MEDTRONIC XOMED (MEROCEL FACILITY)				NTNC	50	Р	GW
Local Address (v	where applicable)	Service	Resider	itial	Commercia	al Industri	al Combine	ed Agricultural
950 FLANDERS F	ROAD	Connections			1			

Towns Served: GROTON

Towns Served: GROTON			
Monitoria	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	0600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/20	6/1-9/30	
	1/1/21 - 12/31/23	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: WELL 1 ENTRY POINT (WSF ID: 00	700)		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
WELL 1 ENTRY POINT (3)	1/1/16 - 12/31/18		Complete
	1/1/19 - 12/31/21		
	1/1/22 - 12/31/24		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
WELL 1 ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
WELL 1 ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
WELL 1 ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department	f Dublic L	[aalth	Dr	inkin	~ <b>\</b> \	Vator	C	oction	
	Connecticut Department o				`	_			ection	
DWC ID	Water Quality Monit	toring and				_				Duine e u Ce cure
PWS ID	PWS Name				NTNC	Pop		Ow	ner Type P	Primary Source
CT0590154	MEDTRONIC XOMED (MEROCEL FACILITY)	Service	Dosidont			sial .	50	al.	-	GW
950 FLANDERS	(where applicable)	Connections	Resident	tiai	Commerc	lai	Industri	aı	Combine	d Agricultura
Towns Served:		Connections			1					
Towns Serveu.		oring Pogu	iiromoi	ntc						
Mater System	n Facility: WELL 1 ENTRY POINT (WSF ID	oring Requ	meme	1115						
•	micals (VOCS)	. 00700)						1	routine	RT) per year
_	Point (Sampling Point ID)		Monitorii	na Pe	eriod (	Colle	ction Pei		-	liance Status
	NTRY POINT (3)		1/1/18 - 1			COIIC	ction i ci	100		Complete
***************************************	VIII I OIIVI (5)		1/1/19 - 1							ompiete
			1/1/20 - 1		-					
Water Systen	n Facility: WELLS 2 AND 3 ENTRY POINT	(WSF ID: 007	· ·	,	_,					
•	emicals (IOCS)	•	•				1 rou	tin	e (RT) pe	r three years
Sampling	Point (Sampling Point ID)		Monitorii	ng Pe	eriod (	Colle	ction Pe	riod	Comp	liance Status
WELLS 2	AND 3 ENTRY POINT (3)		1/1/17 - 3	12/3:	1/19					
			1/1/20 - 3	12/3:	1/22					
Nitrate And	Nitrite (NOX)							1	routine (	RT) per year
Sampling	Point (Sampling Point ID)		Monitorin	ng Pe	eriod (	Colle	ction Pe	riod	Comp	liance Status
WELLS 2	AND 3 ENTRY POINT (3)		1/1/18 - 12/31/18						C	Complete
			1/1/19 - 3	12/3	1/19					
			1/1/20 - 3	12/3:	1/20					
Pesticides, H	lerbicides and PCBs - Phase II & V (SOCS)						1 rou	tin	e (RT) pe	r three years
Sampling	Point (Sampling Point ID)		Monitorii	ng Pe	eriod (	Colle	ction Pe	riod	Comp	liance Status
WELLS 2 A	AND 3 ENTRY POINT (3)		1/1/17 - 3							
			1/1/20 - 3	12/3	1/22					
_	micals (VOCS)							1		RT) per year
	Point (Sampling Point ID)		Monitorii			Colle	ction Pe	riod		liance Status
WELLS 2	AND 3 ENTRY POINT (3)		1/1/18 - 3						C	Complete
			1/1/19 - 3							
			1/1/20 - 3	12/3:	1/20					
•	n Facility: WELL #1 (WSF ID: 10802)									
E. Coli (3014	•									per quarter
	Point (Sampling Point ID)		Monitorin			Colle	ction Per	riod		liance Status
WELL (2)			10/1/18 -							Complete
		1/1/19 - 3/31/19							C	Complete
			4/1/19 -							
\\/C	Facility AMELL HO (MODELL ADDAS)		7/1/19 -	9/30	/19					
•	n Facility: WELL #2 (WSF ID: 49214)								/==	
E. Coli (3014	•		0.0 11 1			C- !!			-	per quarter
	Point (Sampling Point ID)		Monitorii			Colle	ction Per	rıod	-	liance Status
WELL #2 (	(2)		10/1/18 -	12/3	1/18					Complete

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Water System Facility: WELL #3 (WSF ID: 49216)

1/1/19 - 3/31/19

4/1/19 - 6/30/19 7/1/19 - 9/30/19 Complete

Connecticut Department of Public Health	Drinking	g Water	Section	
Water Quality Monitoring and Con	npliance S	Schedul	e	
DIA/C NI	Cl:f:+:	Danielaktan	O T	ъ.

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0590154	MEDTRONIC XOMED (MEROCEL FACILITY)				NTNC	50	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
950 FLANDERS I	ROAD	Connections			1			

Towns Served: GROTON

Monitoring Requirements								
Water System Facility: WELL #3 (WSF ID: 49216)								
E. Coli (3014) 1 routine (RT) pe								
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	<b>Compliance Status</b>					
WELL #3 (2)	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							

Other Compliance Schedules									
Compliance Schedule Activity	Due Date	Achieved Date							
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2010								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2011								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2012								
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2013								
CROSS CONNECTION SURVEY REPORT	3/1/2019								

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos		Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ					
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		DSP 004	BACK LADIES BATHROOM	Р		1				
		DSP001	LUNCH ROOM	Р	Υ	1				
		DSP002	FRT. LADIES BATHROOM	Р		1				
		DSP003	FRONT MEN BATHROOM	Р		1				
		DSP005	BACK MEN BATHROOM	Р		1				
		EPS001	HOLDING TANKS	Р						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	WELL 1 ENTRY POINT	3	WELL 1 ENTRY POINT	Α						
00701	WELLS 2 AND 3 ENTRY POINT	3	WELLS 2 AND 3 ENTRY	Α						
10802	WELL #1	2	WELL	Α	-					
49214	WELL #2	2	WELL #2	Α						
49216	WELL #3	2	WELL #3	Α						

# **Certified Operator Information**

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYSTEM	M		Certification
Operator Name	Operator Type	Certification(s)	Expiration
NUNIER, LEON C.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CONDITION	12/31/2019
ROGERS, CHARLES F.	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CONDITION	12/31/2019

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name				Cla	ssification	Population	Owner Type	Primary Source		
CT0590154	CT0590154 MEDTRONIC XOMED (MEROCEL FACILITY)				NTNC	50	Р	GW		
Local Address (\	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural		
950 FLANDERS	Connections			1						

Connecticut Department of Public Health Drinking Water Section

				<b>Contact Inf</b>	formation				
Name				Organization	า			Job Title	
Mr. Scott Quaratel	la						Plant Mana	iger	
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
950 Flanders Road						Mystic		СТ	06355
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress		
000 573 5463		000 573	-404		000 001 0000	scott.j.quaratella@medtronic.com			'n
860-572-5162		860-572-	5104		860-961-6000	scott.j.c	juaratella@n	reatronic.cor	11
	egal Contact, C		5104		860-961-6000	scott.j.c	quaratella@n	neutronic.com	11
Contact Role(s): Le	gal Contact, C		5104	Organization		scott.j.t	quaratena@n	Job Title	
Contact Role(s): Le			5104	Organization Medtronic, I	1	Scott.j.c	Operations	Job Title	
Contact Role(s): Le Name Mr. Manuel Sabati	no				n Inc.	scott.j.c		Job Title	
	no			Medtronic,	n Inc.	Mystic	Operations	Job Title Manager	Zip Code
Contact Role(s): Le Name Mr. Manuel Sabati Mailing Address Lin	no			Medtronic,	n Inc.	Mystic	Operations City	Job Title Manager State	Zip Code

### Please note the following:

Towns Served: GROTON

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0598033	PRECIOUS MEMORIES DAYCARE CENTER				NTNC	169	Р	GW
Local Address (v	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
195 SANDY HOL	LOW ROAD	Connections	2					

Towns Served: GROTON			
Monitori	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	00600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/16 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/21	6/1-9/30	
	1/1/22 - 12/31/24	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/20		
	1/1/21 - 12/31/23		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		

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	Connecticut D	epartment of	Public H	lealth	Drink	ing W	ater Se	ection	
		Quality Monit							
PWS ID	PWS Name	quarity Monit	oring and		1			ner Tyne P	rimary Source
CT059803		DAYCARE CENTER			NTNC		169	P	GW
	ress (where applicable)		Service	Resident			Industrial	Combined	
	Y HOLLOW ROAD		Connections	2					- Breatener
	rved: GROTON			_					
		Monite	oring Requ	iremer	nts				
Water Sy	stem Facility: ENTRY POIN	NT (WSF ID: 00700)							
Organic	Chemicals (VOCS)						1 routine	e (RT) per	three years
Sam	pling Point (Sampling Point ID	)		Monitorin	ng Period	Collec	tion Period	Compli	iance Status
ENTF	RY POINT (3)			1/1/18 - 1	12/31/20				
				1/1/21 - 1	12/31/23				
		Other C	ompliance	Sched	ules				
Complian	ce Schedule Activity			E	Due Date		Achieved	Date	
CROSS CO	NNECTION EXEMPTION			3	3/1/2017				
	Wat	er System Facili	ity and Sar	npling	Point I	nvento	ry		
Water						Total	Lead and	1	
System	Water System Facility	Sampling Point		nt		Coliforn			Stage
Facility ID		ID	Description	-DIDLITION	Status		Rule Tier	Aspestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	GENERIC DIST	KIBUTION		Y	2		
		B1B2	BUILDING 2		A	Y	2		
		BLDG1BATH1		N 416E 60N	Α .	Y	2		
		DOWNSTREAM		VICE CON		.,	2		
		K1B1	BUILDING 1		A	Y	2		
		K1B2	BUILDING 2		A	Y	2		
		K2B1	BUILDING 1		A	Y	2		
		R1B1	BUILDING 1		A	Y	2		
		R1B2	BUILDING 2	VICE CON	Α .	Y	2		
00700	ENTRY DOINT	UPSTREAM	WITHIN 5 SER						
00700	ENTRY POINT	3	ENTRY POINT		A				
10749	WELL 1	2	WELL 1		A				
50176	WELL 2	2	WELL 2		A				
			Operator	Inform	ation				
Water Sy	stem Facility: <b>DISTRIBUTI</b>	ON SYSTEM (WSF I	D: 00600)						
Facility Cl	assification: SMALL WATER SY	YSTEM							Certification
Operator	Name	Operator Typ	e Ce	ertificatio	n(s)				Expiration
BARRIS, D	AVID C.	CHIEF OPERATO	DR W	ATER TRE	ATMENT F	PLANT OP	ERATOR - C	LASS I	12/31/2020
		Con	tact Inform	mation					
Name		0	rganization					Job Title	
Ms. Barba	ara Bohonowicz	Pr	ecious Memor	ies Davcai	re				

Ms. Barbara Bohonowicz Precious Memories Daycare Mailing Address Line One Mailing Address Line Two City State Zip Code 195 Sandy Hollow Rd 06355 Mystic CT**Business Phone** Extension Fax Mobile Phone Emergency Phone Email Address 860-572-9958 860-572-8750 860-912-3233 barbboho@yahoo.com Contact Role(s): Administrative Contact, Legal Contact, Owner

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water Quality Month	or mg am	u Gon	upi	lance c	ciicaai	·C	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0598033	PRECIOUS MEMORIES DAYCARE CENTER				NTNC	169	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
195 SANDY HO	LLOW ROAD	Connections	2					
		•	•			•		

# Towns Served: GROTON Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section									
	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source									
СТ0598063										

Connections

Residential Commercial

5

Industrial

Combined

Agricultural

Service

Local Address (where applicable)

Towns Served: GROTON			
Monitorin	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0	0600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/20	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		

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	Connecticut De	epartment of	Public H	lealth D	rinki	ing W	ater S	Section	n	
	Water Q	uality Monit	oring and	d Comp	lianc	e Sch	edule			
PWS ID	PWS Name								pe Pı	rimary Source
СТ0598063	MYSTIC BUSINESS PARK	K, LLC			NTNC		55	Р		GW
Local Addre	ss (where applicable)		Service	Residentia	I Comm	nercial I	ndustrial	Comb	ined	Agricultura
			Connections		5	5				
Towns Serve	ed: GROTON									
		Monito	oring Requ	iirement	:S					
Water Syst	tem Facility: ENTRY POIN	T (WSF ID: 00700)								
Pesticides	, Herbicides and PCBs - Ph	ase II & V (SOCS)					1 rout	ine (RT)	per t	three years
Sampli	ing Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	od Co	mpli	ance Status
				1/1/20 - 12	/31/22					
Organic C	hemicals (VOCS)						1 r	outine	RT) <sub>I</sub>	oer quarter
Sampli	ing Point (Sampling Point ID)			Monitoring	Period	Collec	tion Perio	od Co	mpli	ance Status
ENTRY	POINT (3)			10/1/18 - 12						mplete
				1/1/19 - 3/					Co	mplete
				4/1/19 - 6/	*					
				7/1/19 - 9/	•					
		Other Co	ompliance	Schedul	les					
Compliance	Schedule Activity				e Date		Achieve	ed Date		
	AD CONSUMER NOTICE CERTI				8/2010					
	AD CONSUMER NOTICE CERTI	FICATE			1/2011					
CROSS CON	NECTION EXEMPTION				1/2016					
	Wate	er System Facili	ity and Sar	npling P	oint Ir	rvento	ry			
Water						Total	Lead a			
System V Facility ID	Nater System Facility	Sampling Point ID	Sampling Political Description	nt		Coliform Rule			stoc	Stage WQP 2 DBPI
	DISTRIBUTION SYSTEM	4	DISTRIBUTION	U CVCTENA	Status A	Kule	Nuie I	er Asbe	3103	WQF Z DDFI
00000 L	DISTRIBUTION STSTEIN	DOWNSTREAM			A					
		MBP004	WS2650-23	WICE CON	A	Υ				
		MBP005	WS2650-24		A	Υ				
		MBP006	WS2650-25		Α	Y				
		MBP007	WS2650-26		Α	Y				
		MBP008	WS2650-27		Α	Υ				
		MBP011	DISTRIBUTION	N SYSTEM	Α	Υ				
		UPSTREAM	WITHIN 5 SER	RVICE CON	Α					
00700 E	ENTRY POINT	3	ENTRY POINT	ı.	Α					
00,00										

# Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Facility Classification: SMALL WATER SYSTEM Operator Name Operator Type Certification(s) Expiration O'SHAUGHNESSY, WILLIAM J. CHIEF OPERATOR WATER TREATMENT PLANT OPERATOR - CLASS II 6/30/2021

**Certified Operator Information** 

WELL 2

2

56971 WELL 2

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0598063	MYSTIC BUSINESS PARK, LLC			NTNC	55	Р	GW
Local Address (	where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
		Connections		5			

Towns Served: GROTON

				Contact Inf	ormation				
				Organization	า		Job Title Owner		
				Mystic Busin	ness Park	٥١			
Mailing Address Line One Mailing Add				Address Line Two	lress Line Two		City State	e Zip Cod	
800 Flanders Road						Mystic	СТ	06355	
Business Phone	Extension	Fax Mo		Mobile Phone	Emergency Phone	Email Address			
860-572-8440		860-572-0534				tim@tylaska.com			

Contact Role(s): Administrative Contact, Legal Contact, Owner

## Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule